



- Complete this form to add, change or stop the Automatic Contribution Plan (ACP) and/or Electronic Purchase Option on your Account, or to add or change your bank account information for contributions by electronic bank transfer.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address. Please complete a separate *Banking Information Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Plan form, by calling MACS or by visiting www.MS529.com.
- A Signature Validation Program (SVP) Stamp is required for entity Accounts and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner as described in Section 5¹.

Account Number (Refer to your statement.)

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last, Suffix)

☐ **Delete** this Option
(Check this box and
complete Section 5.)

<input type="checkbox"/> Every Month (or \rightarrow)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.
	<input type="checkbox"/> Apr.	<input type="checkbox"/> May.	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

¹ Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public cannot provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

✓ **Select the date(s) of your contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

<input type="checkbox"/> 5th	<input type="checkbox"/> 20 th	<input type="checkbox"/> Other _____
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✓ **Select how you would like your contribution allocated, and the total amount.**

This amount will be automatically withdrawn from your bank account on the frequency you indicated on the previous page.

Deposit my ACP contribution(s) in:	Is this a new option?	Contribution Amounts (Minimum \$25 each)					
Managed Allocation Option (Age-based)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Diversified Equity Option (1968)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Fixed Income Option (2823)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Guaranteed Option (1967)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		.	0 0
Total Contribution Amount		\$,		.	0 0

4 Banking Information

You must provide the following information if you choose to contribute through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Portfolio you have selected above. To verify your bank account, you may submit a voided check or pre-printed deposit slip along with this form; otherwise the information provided below will be added to your account. Complete this section only if you are establishing ACP or Electronic Purchase Option for your account OR if you want to change your bank account information. A pre-notification will be sent to your bank and it may take up to ten days to initiate these options.

Type of Account (check one):		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number:		Routing Number:
Name(s) on Account (The Account Owner, Custodian or Entity name must appear on the bank account.)		
Bank Name:		Telephone Number:

5 Signature and Authorization (You must sign this section for these changes to take effect.)

- I certify that all of the information provided by me on this form is true, complete and accurate.
- I certify that I have the authority to transact on the bank account listed by me in Section 4.
- I authorize the *Mississippi Affordable College Savings Plan* (MACS) to act on my instructions above, including to debit my bank account and to deposit such funds into my Plan Account, or to cease such debits, as requested on this form.
- If I authorize contributions through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option on this form, I also hereby authorize the financial institution holding the bank account to process any such debits to my Account without responsibility for the accuracy of the transaction. I further agree that neither MACS nor its agents or contractors will be liable for any loss, liability, cost or expense for acting upon these instructions.

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity

Date

Important Information

A Signature Validation Program Stamp is required for all entity Accounts and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a signature validation stamp will be provided.

Note: The Signature Validation Program Stamp is not required if a *Program Power of Attorney Form* is on file for an Individual Account, or if a *Program Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037
MS1204.EBF/A13182